

Case Number:	CM13-0031726		
Date Assigned:	12/04/2013	Date of Injury:	10/31/2011
Decision Date:	01/28/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50-year-old who reported an injury on 10/31/2011. The mechanism of injury was not provided in the medical record. The most recent clinical note dated 10/08/2013 reported the patient stated she was having decreased pain in her elbow, and decreased numbness to her hand. There was mild tenderness note over the medial aspect of the right elbow, equivocal Tinel's sign at the right cubital tunnel. Negative elbow flexion, diminished grip strength on the right, and minimal lateral epicondylar tenderness on the right were also noted upon assessment. The patient had undergone right cubital tunnel release with anterior submucular transposition of the ulnar nerve and medial epicondylar repair. There was mild right lateral epicondylitis, right forearm tendinitis, and trapezial and paracercal strain noted as well. The patient was ordered to continue occupational therapy and NSAIDs (non-steroidal anti-inflammatory drugs) as prescribed. Refill for Naproxen 550mg twice a day, and Prilosec 20 mg twice a day were given.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Occupational therapy, twice per week for six weeks, on the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The recommended number of visits for physical medicine per Chronic Pain Medical Treatment Guidelines is maximum of 10 visits. There is no clinical information provided suggesting that the patient is participating concurrently in a home exercise program, and the patient has participated in 12 visits of Occupational therapy already, which exceeds the recommended amount. The request for occupational therapy, twice per week for six weeks, on the right elbow, is not medically necessary or appropriate.